

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on FILM No. 101 APR - 9 1946 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on
MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore 740
CERTIFICATE OF DEATH

04069

Reg. Dist. No. 260

1. PLACE OF DEATH:County SomersetCity or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAMELulla Jeanette Adams**3. (b) Social Security Number**4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec 31st, 18748. AGE: Years 71 Months 72 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Dublin, Somerset Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Sidney King13. Birthplace Dublin Md.14. Maiden name Susan D. Gwell15. Birthplace Dublin Somerset Md.16. Informant Mr. William AdamesAddress Princess Anne Md.17. Burial Date thereof April 2, 1946
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory St Andrews CemeteryLocation Princess Anne Md.18. Funeral director Charles WashellAddress Princess Anne Md.19. April 2, 46 R.D. Johnson M.D. Registrar
(Date rec'd by registrar)**MEDICAL CERTIFICATION**20. DATE OF DEATH Apr. 1st 19 46 at 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death Coronary Thrombosis DURATION Sudden

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____Address Princess Anne Md. Date signed 4/1-46

RECEIVED
APR 3 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

CERTIFICATE OF DEATH

04070

261

Reg. Diat. No.

1. PLACE OF DEATH:

County SomersetCity or town Crisfield Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

McLure Mens Shop

How long in hospital or institution?

2 week 4 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Manassas
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

same

3. (a) FULL NAME

Lucille Virginia Brown

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Franklin Brown

7. Birth date of deceased (mo., day, yr.)

April 3rd, 19206.(c) If alive, give age 29 years

8. AGE:

Years

Months

Days

If less than one day

25

hrs.

min.

9. Birthplace

Bay city, Somerset

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

MOTHER

12. Name

William K. Ingersoll

13. Birthplace

Michigan

14. Maiden name

Ruth Kennedy

15. Birthplace

Michigan

16. Informant

Mrs. William M. Plone

Address

Princess Anne Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

April 5, 1946

(month) (day) (year)

Cemetery or crematory

Princess Anne Cemetery

Location

Princess Anne Md.

18. Funeral director

Charles D. Dashiell

Address

Princess Anne Md.

19.

4/3

19

46Lana J. Milson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1946, at 10⁰⁰ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 151946to April 21946and that I last saw him alive on April 2 1946

Immediate cause of death

Coronary emboli

DURATION

30 minutes

Due to

Due to

Other conditions

Offendee's

(Include pregnancy within 3 months of death)

Major findings of operations

Acute appendicitisMarch 16

Date of op.

March 16, 1946

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George B. Chalkin Jr D

M. D. or other

Address

April 2 46Date signed April 2 46

RECEIVED
APR 4 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4420

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town.....Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....1 year
Hospital, institution, or street address where death occurred:
S. Somerset Avenue
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland.....County.....Somerset
City or town.....Crisfield, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.....S. Somerset Ave.
(If rural, give LOCATION)
2.(a) II veteran, name war.....

3. (a) FULL NAME

ADDIE F. CORBIN

3. (b) Social Security Number

4. Sex.....Female
5. Color or race.....White
6.(a) Single, married, widowed, or divorced.....Widowed
6.(b) Name of husband or wife.....John R. Corbin, Sr.
Deceased
6.(c) If alive, give age.....years
7. Birth date of deceased (mo., day, yr.).....December 24, 1877
8. AGE: Years.....68 Months.....4 Days.....6 If less than one day.....hrs.min.

9. Birthplace.....Tylerton, Somerset Co., Md.
(Town, county, and state)
Housewife

10. Usual occupation.....Home

11. Industry or business.....Home

12. Name.....Benjamin F. Marsh

13. Birthplace.....Tylerton, Md.

14. Maiden name.....Shadie J. Evans

15. Birthplace.....Tylerton, Md.

16. Informant.....Clinton W. Corbin

Address.....Crisfield, Md.

17. Burial.....May 2, 1946
(Burial, cremation, or removal. Which?).....(month) (day) (year)

Cemetery or crematory.....Sunny Ridge Cemetery

Location.....Rural, Crisfield, Md.

18. Funeral director.....H. Harvey Bradshaw

Address.....Crisfield, Maryland

19. 5/1/46 19.....b. E. Gallis, M.D.
(Date rec'd by registrar).....Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 30.....19.46.....at 5:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 25.....19.45.....to April 30.....19.46
and that I last saw him.....alive on April 29.....19.46

Immediate cause of death.....
DURATION.....

melanotic sarcoma of
skull with metastases
to brain etc - 1 yr

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....melanotic sarcoma of
skull with metastases to brain etc -
Date of op. April 1946

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?

23. SIGNATURE.....S. M. Peyton M.D.
M. D. or other

Address.....Crisfield, Md.
Date signed.....April 30, 1946

RECEIVED
MAY 25 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No.

04072

270

1. PLACE OF DEATH: Somerset
County.....
City or town..... Marion Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
Home, Marion Station, Md.
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
MAUDE MILLER COULBOURN

3.(b) Social Security Number

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife George C. Coulbourn
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) August 1, 1886
8. AGE: Years 59 Months 6 Days 8 If less than one day
.....hrs.min.

8. Birthplace Frederick, Frederick Co. Md.
(Town, county, and state)
Registered Nurse

10. Usual occupation Nursing
11. Industry or business

12. Name Winfield Taylor Miller
13. Birthplace Frederick Co., Maryland

14. Maiden name ???
15. Birthplace

16. Informant Miss Harriett Green
Address Crisfield, Maryland

17. Burial April 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery
Location Rural, Marion, Maryland
H. Harvey Bradshaw

18. Funeral director
Address Crisfield, Maryland

19. 4/29/46 L. E. Calloway M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1946 at 11 a.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

She died suddenly

and that I last saw her dead when I

Immediate cause of death was called

DURATION

Coronary Occlusion -

Due to

Coronary Sclerosis

Due to Natural Causes

William H. Coulbourn, M.D.

Other conditions DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Autopsy by Dr. J. Howard Maldeis

Chief Medical Examiner Date 4-9-46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. H. Coulbourn M.D.
M. D. or other
L. E. Calloway M.D. Date 4-29-46

070

UNITED STATES DEPARTMENT OF WAR

CERTIFICATE OF DEATH

RECEIVED
MAY 2 1946
BUREAU V.S.

24/7/46
J. H. [Signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of name of
 county where death occurred & addition
 of name of town where death occurred is
 shown on

MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

FILM No. 101 MAY - 2 1946

1. PLACE OF DEATH:

County Wor- Somerset

City or town Near Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Arthur D. Evans

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M

W

Married

6. (b) Name of husband or wife Lula Evans

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1882

8. AGE: Years Months Days If less than one day
63 5 4 hrs. min.

9. Birthplace Delaware
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Refus Evans

13. Birthplace Delaware

14. Maiden name Rachel Bridella

15. Birthplace Delaware

16. Informant Thomas Evans

Address Princess Anne, Md.

17. Buried Date thereof April 24 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location East Princess Anne, Md.

18. Funeral director Charles Deedell

Address Princess Anne, Md.

19. April 22, 1946 R. J. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 46 at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____
 and that I last saw him _____ 19____
 alive on _____ 19____

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Wagon Truck Automobile

23. SIGNATURE Henry M. Lockford, M.D.

Address Princess Anne, Md. Date signed 4/22/46

RECEIVED
APR 23 1946
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

★ Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset
 County Rural, Crisfield
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 53 years
 Hospital, institution, or street address where death occurred:
 Home, rural, Crisfield
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural, Crisfield
 Street No. Rural, Meadow Field Section
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
 Elizabeth May Handy

3. (b) Social Security Number
 None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife James T. Handy
 deceased

7. Birth date of deceased (mo., day, yr.) March 24, 1872

8. AGE: Years 74 Months 0 Days 10 If less than one day hrs. min.

9. Birthplace Meadow Field, Somerset Co., Md.
 (Town, county, and state)
 Housewife

10. Usual occupation Home

11. Industry or business
 FATHER 12. Name Peter C. Rayfield
 13. Birthplace Hallwood, Va.

MOTHER 14. Maiden name Susan Jane Hickman
 15. Birthplace West Princess Anne, Md.

16. Informant Mrs. Beulah Belote
 Address Portsmouth, Va.

17. Burial Date thereof April 7, 1946
 (Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematory Handy Cemetery, Meadow Field
 Location Rural, Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. 4/5/46 1946 E. E. Callahan, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1946, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1946, to April 4, 1946, and that I last saw him alive on April 2, 1946.

Immediate cause of death Carcinoma of the stomach
 DURATION 1 yr

Due to Primary site: unknown
 St. was: intraperitoneal, subser.

Due to Duration: one year

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Daniel W. Peyton, M.D.
 Address Crisfield, Md. Date signed April 5, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

070

RECEIVED

CERTIFICATE OF DEATH

RECEIVED
MAY 2 1946
BUREAU V.S.

100-201-920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore 89-2

04075

CERTIFICATE OF DEATH

Reg. Dist. No. 270

FILM No. I O 1 MAY 7 1946

1. PLACE OF DEATH:

County Somerset

City or town Eastfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred: McCready Hospital

How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Eastfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

James W. Kenney

3.(b) Social Security Number

217-05-1598

4. Sex Male 5. Color or race Cal 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Hattie A. Kenney

7. Birth date of deceased (mo., day, yr.) 1890-aug 22 6.(c) If alive, give age 49 years

8. AGE: Years 55 Months 56 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace marion Somerset Co Md
(Town, county, and state)

10. Usual occupation Seafood work & labor

11. Industry or business

12. Name Dennis Kenney

13. Birthplace marion Somerset Co Md

14. Maiden name Blairia Blake

15. Birthplace Lansonia Somerset Co Md

16. Informant Mrs Evelyn Sterling

Address Phila Pa.

17. burial Date thereof Apr 30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lansonia

Location Eastfield Md

18. Funeral director Chas H Ward

Address marion Md

19. April 27 46 Registrar C.E. Sullivan M.D.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 1946 to April 24 1946

and that I last saw him alive on Apr 24 1946

Immediate cause of death Cerebral thrombosis DURATION 9 days

Due to _____

Due to arteriosclerosis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S.M. Peyton M.D.

Address Christfield Md Date signed Apr 26 46

RECEIVED
MAY 2 1946
BUREAU V.R.

100-100000-3-3 100-100000-3-3

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. Mariners Road
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946 8:10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 1946 April 14 1946
 and that I last saw her alive on April 13 1946

Immediate cause of death.....	DURATION.....
Acute dis. of heart mus.	1 month

Duo to *Classe Qui regali*
Amo n'pandele *Fuer*

Due to.....

Other conditions *Journal Article Science* *Free*

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Antopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

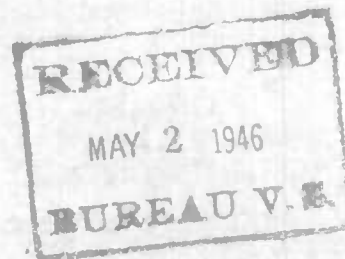
23. SIGNATURE James M. Stone M. D. or other
Address Mass St. 101 Date signed Feb 16, 46

19. 4/6/46 EE Edwards, R.
(Date rec'd by registrar) Registrar

23. SIGNATURE James M. Stone M. D. or other
Address Mass St. 101 Date signed Feb 16, 46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



11/10/46 3410111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1362

CERTIFICATE OF DEATH

★ 04077665
Reg. Dist. No.

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. R 7 RD
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

John Francis Sterling

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Grace MB. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.)

Mar. 1, 1879

8. AGE:

Years

Months

Days

If less than one day

67116hrs.min.

9. Birthplace

Crisfield md
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Self

MOTHER FATHER

12. Name

Henry Sterling

13. Birthplace

Crisfield md

14. Maiden name

Sallie W. Sterling

15. Birthplace

Crisfield md

16. Informant

Grace M Sterling

Address

R 7 W. Crisfield md17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

4/21/46
(month) (day) (year)

Cemetery or crematory

Family Burial Grounds

Location

Crisfield md

18. Funeral director

Harold H. Hester

Address

306 Main St Crisfield md

19.

(Date rec'd by registrar)

4/18/46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 46 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19 45 to April 17 19 46
and that I last saw him alive on April 16 19 46

Immediate cause of death

Coronary occlusion

DURATION

Due to

Cardiovascular -
renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Walter DeWitt

M. D. or other

Address Crisfield Date signed 4/17/46

RECEIVED
MAY 2 1946
BUREAU V. E.

8 1, 200, 933 12/14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04078

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RED
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3.(a) FULL NAME

Mary Ann Sterling

3.(b) Social Security Number

212-10-4480

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced divorced
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 22, 1893
 8. AGE: Years 52 Months 11 Days 23 If less than one day _____ hrs. _____ min.
 9. Birthplace Crisfield, Md.
 (Town, county, and state)
 10. Usual occupation Factory Operator
 11. Industry or business Unemployed
 12. Name Algie S. Sterling
 13. Birthplace Crisfield, Md.
 14. Maiden name Ruth Lawson
 15. Birthplace Crisfield, Md.
 18. Informant Harold Elmore
Crisfield, Md.
 Address

17. Burial Date thereof Apr. 17, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Asbury M.E.
 Location Crisfield, Md.
 18. Funeral director Howard H. Hubbard
306 Main St., Crisfield, Md.
 Address
 19. 4/16/46 E E Callaway
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946 19 46
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 43 to 19 46
 2nd that I last saw her alive on April 14
 Immediate cause of death acute cardiac degeneration DURATION
Carcinoma of Breast
unoperated
followed by
metastases in
liver & lungs
and brain
 Other conditions
 (Include pregnancy within 3 months of death)
Carcinoma of
Mammary Glands Date of op. 1943
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?
 23. SIGNATURE Wm H. Hubbard M.D.
Crisfield MD Apr 16-46
 Address _____ Date signed _____

RECEIVED
MAY 2 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5401

CERTIFICATE OF DEATH

04079

Reg. Dist. No. 260

1. PLACE OF DEATH

County SomersetCity or town Princess Anne, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Mt Vernon, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William J. Thomas

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Pauline White

7. Birth date of

deceased (mo., day, yr.)

March 27, 19196.(c) If alive, give age 26 years

8. AGE:

Years

Months

Days

If less than one day

27-24

hrs.

min.

9. Birthplace

Mt Vernon, Md
(Town, county, and state)

10. Usual occupation

Photographer

11. Industry or business

FATHER

12. Name

Bernard Thomas

13. Birthplace

Mt Vernon, Md

MOTHER

14. Maiden name

Ellique Cullen

15. Birthplace

Mt Vernon, Md

16. Informant

Mrs Pauline White

Address

Mt Vernon, Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 22, 1946
(month) (day) (year)

Cemetery or crematory

Ashbury Cemetery

Location

Mt Vernon, Md

18. Funeral director

Charles H. Ashbury

Address

Princess Anne, Md

19.

(Date rec'd by registrar)

19 46R. H. Johnson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 46 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 9, 1945 19 46 to April 20 19 46and that I last saw him alive on April 20 19 46Immediate cause of death Brain Tumor

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Autopsy done in left
ventricle of brain Date of op. Aug 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work? no

23. SIGNATURE

D. L. O'Brien MD
M. D. or otherAddress Seaford, Del Date signed 4/23/46

RECEIVED

APR 23 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

& year of birth of deceased is shown 2411 N. Charles St., Baltimore 97

FILM No. 104 MAY 16 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:

County Somerset
City or town Mt. Vernon
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Mt. Vernon
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah M. Wallace

3. (b) Social Security Number

4. Sex female 5. Color or race col. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Samuel Wallace

7. Birth date of deceased (mo., day, yr.) about 1867 1877 6.(c) If alive, give age _____ years

8. AGE: Years 7-9 Months 69 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Mt. Vernon - Somerset - Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

FATHER 12. Name Nelson Burrows

13. Birthplace Virginia

MOTHER 14. Maiden name Dolly Barclay

15. Birthplace Mt. Vernon - Somerset - Md.

16. Informant Lowise Bounds

Address Princess Anne - (Mt. Vernon) Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1 1946

Cemetery or crematory St. Paul's Cemetery

Location Mt. Vernon Md.

18. Funeral director Edwin Jones

Address Princess Anne, Md.

19. April 30, 46 R.H. Johnson M.D. Registrar

(Date rec'd by registrar) Per g.d.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 19 46 at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 19 45 to March 27 19 46 and that I last saw her alive on March 27 19 46

Immediate cause of death myocardial infarction DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Linton M. D. or other

Address Princess Anne Date signed March 27

RECEIVED

MAY 1 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Leoline F. White

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 21 1871

8. AGE:

Years 74 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace

Fairmount
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 2 1946 at 4 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1946, to 19and that I last saw him alive on 19Immediate cause of death Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

APR 4 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1482 260

1. PLACE OF DEATH: Somerset
 County.....
 City or town..... Chance, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town..... Chance
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME WALTER WHITE
 3. (b) Social Security Number None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Elnora Price

7. Birth date of deceased (mo., day, yr.) November 10, 1890

8. AGE: Years 55 Months 5 Days 3 If less than one dayhrs.min.

9. Birthplace Oriole - Somerset - Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oyster Industry

12. Name Samuel White

13. Birthplace Monie, Maryland

14. Maiden name Susan Waters

15. Birthplace Oriole, Maryland

16. Informant Margaret Jones

Address Atlantic City, N. J.

17. Burial Date thereof April 16, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oriole Cemetery

Location Oriole, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. (Date rec'd by registrar) April 15, 1946

Registrar R. J. Johnson M.D.

Address Princess Anne Md

Date signed April 15, 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 3 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23rd 1946 to April 13th 1946

and that I last saw him alive on April 13th 1946

Immediate cause of death

Chronic myocarditis

DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. G. Mausman

M. D. or other

Address Princess Anne Md

Date signed April 15, 1946

RECEIVED
APR 23 1946
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04083 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Warren E. Young

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Florence E. Young
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) June 8, 1880
 8. AGE: Years 65 Months 9 Days 25 If less than one day
 hrs. min.

9. Birthplace Windgap, Pa.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

FATHER 12. Name J. A. Young
 13. Birthplace Windgap, Pa.
 MOTHER 14. Maiden name Louise Leach
 15. Birthplace Windgap, Pa.

16. Informant Russell Young
 Address Barto, Md.
 17. Burial Date thereof April 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery
 Location Princess Anne, Md.
 18. Funeral director Dale Washell
 Address Princess Anne, Md.

19. April 6, 46 Registrar R. D. Johnson, M.D.
 (Date rec'd by registrar) Rec'd.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 46 at 5:30 P M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 19 46 to April 5 19 46
 and that I last saw him/her alive on April 5 19 46

Immediate cause of death Cerebral thrombosis DURATION 1 day

Due to Hypertension
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury injured at work?

23. SIGNATURE Frank Luatus M. D. or other
Princess Anne Date signed 4/6
 Address

RECORDED
APR 8 1946
BUREAU OF INVESTIGATION